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Fill in this information to identify your	case:	
United States Bankruptcy Court for t Eastern District of Penn		
Case number (If known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name	Shavon			
	Write the name that is on your government-issued picture	First name	First name		
	identification (for example, your driver's license or passport).	Middle name	Middle name		
		Parker			
	Bring your picture identification to your meeting with the trustee.	Last name	Last name		
		Suffix (Sr., Jr, II, III)	Suffix (Sr., Jr, II, III)		
2.	All other names you have				
	used in the last 8 years	First name	First name		
	Include your married or maiden names and any assumed, trade names and doing business as	Middle name	Middle name		
	names.	Last name	Last name		
	Do NOT list the name of any separate legal entity such as a				
	corporation, partnership, or LLC that is not filing this petition.	Business name (if applicable)	Business name (if applicable)		
		Business name (if applicable)	Business name (if applicable)		
3.	Only the last 4 digits of your Social Security number or	xxx - xx - <u>5</u> <u>8</u> <u>0</u> <u>7</u>	xxx - xx		
	federal Individual Taxpayer	OR	OR		
	Identification number (ITIN)	9xx - xx	9xx - xx		

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Debtor 1		Shavon	Parker			Case number (if known)			
		First Name	Middle Name	Last Name			,		
			About Debtor 1	:		About Debt	tor 2 (Spouse Only	in a Joint	Case):
4.	Your Emplo	oyer Identification							
	Number (El		EIN		_	EIN			·
			 EIN		- <u> </u>	 EIN			_
5.	Where you	live				If Debtor 2	lives at a different a	address:	
			1941 Georgia	an Rd					
				treet		Number	Street		
			Dhile delahie	DA 40420 2442					
			City	, PA 19138-2113 State	ZIP Code	City		State	ZIP Code
						o,		Ciaio	0000
			Philadelphia County						
			•			County			
				address is different from the that the court will sending address.		it in here. Nat this maili	s mailing address i lote that the court w ng address.	s differen vill send ar	ny notices to you
			Number St	treet		Number	Street		
			P.O. Box			P.O. Box			
			City	State	ZIP Code	City		State	ZIP Code
6.		re choosing this	Check one:			Check one:			
	district to f	ile for bankruptcy	Over the last have lived in district.	st 180 days before filing t n this district longer than	his petition, I in any other	Over the have live district.	ne last 180 days befored in this district load	ore filing tl nger than	his petition, I in any other
			I have anot (See 28 U.S	her reason. Explain. S.C. § 1408)			another reason. Exp 3 U.S.C. § 1408)	olain.	

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Debtor 1 Shavon		Parker	Case number (if known)
	First Name	Middle Name Last Name	
Part	t 2: Tell the Court About Yo	ur Bankruptcy Case	
7.	The chapter of the Bankruptcy Code you are choosing to file under		n of each, see <i>Notice Required by 11 U.S.C.</i> § <i>342(b) for Individuals Filing for</i> o to the top of page 1 and check the appropriate box.
8.	How you will pay the fee	details about how you may purcheck, or money order. If you a credit card or check with a I need to pay the fee in instate to Pay The Filing Fee in Instate I request that my fee be wait judge may, but is not required official poverty line that applied	Ilments. If you choose this option, sign and attach the <i>Application for Individuals Illments</i> (Official Form 103A). red (You may request this option only if you are filing for Chapter 7. By law, a low, waive your fee, and may do so only if your income is less than 150% of the is to your family size and you are unable to pay the fee in installments). If you fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form
9.	Have you filed for bankruptcy within the last 8 years?	Yes. District District	When Case number MM / DD / YYYY When Case number MM / DD / YYYYY When Case number MM / DD / YYYYY Case number MM / DD / YYYYY
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	District	Relationship to you When Case number, if known MM / DD / YYYY Relationship to you When Case number, if known MM / DD / YYYY
11.	Do you rent your residence?	No. Go to line 12.	ned an eviction judgment against you? Statement About an Eviction Judgment Against You (Form 101A) and file it ruptcy petition.

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Deb	tor 1 Shavon		Parker		Case number (if known)		
	First Name	Middle Name	Last Name		,		
Par	t 3: Report About Any Busin	nesses You O	wn as a Sole Proprietor				
12.	Are you a sole proprietor of	✓ No. Go to	Part 4.				
	any full- or part-time business?	Yes. Name	e and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a	Name of bu	isiness, if any				
	corporation, partnership, or LLC.	Number	Street				
	If you have more than one sole proprietorship, use a separate sheet and attach it to this						
	petition.	City		State	ZIP Code		
		Check the					
		Healtl	n Care Business (as defined in 11	J.S.C. § 101(27 <i>F</i>	A))		
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))					
		☐ Stock	☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))				
		☐ Comn	nodity Broker (as defined in 11 U.S	.C. § 101(6))			
		☐ None	of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can s appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent be sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents exist, follow the procedure in 11 U.S.C. § 1116(1)(B).					
	For a definition of small business	☑ No. I	am not filing under Chapter 11.				
	debtor, see 11 U.S.C. § 101(51D).		am filing under Chapter 11, but I ar ankruptcy Code.	n NOT a small b	usiness debtor according to the definition in the		
			am filing under Chapter 11, I am a ankruptcy Code, and I do not choo		lebtor according to the definition in the nder Subchapter V of Chapter 11.		
			am filing under Chapter 11, I am a ankruptcy Code, and I choose to p		ebtor according to the definition in the bchapter V of Chapter 11.		

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Debtor 1	Shavon		Parker	Case number (if known)
	First Name	Middle Name	Last Name	·
Part 4: Re	eport if You Own or Ha	ave Any Hazardo	ous Property or Any	Property That Needs Immediate Attention
14. Do you	ı own or have any	☑ No.		
alleged	ty that poses or is I to pose a threat of	Yes. What i	is the hazard?	
hazard	ent and identifiable to public health or			
proper	? Or do you own any ty that needs immediate			
attentio		If imm	ediate attention is neede	led, why is it needed?
perisha	ample, do you own able goods, or livestock ust be fed, or a building		_	
	eds urgent repairs?			
		Where	e is the property?	
			Num	nber Street
			_	
			City	State ZIP Code

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Debtor 1	Shavon		Parker	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I

counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:
 - Incapacity. I have a mental illness or a mental deficiency that makes me
 - incapable of realizing or making rational decisions about finances.
 - Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:
 - Incapacity. I have a mental illness or a mental deficiency that makes me
- incapable of realizing or making rational decisions about finances.

 Disability. My physical disability causes me
 - to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debi	tor 1	Shavon		Parker		Case n	umber	(if known)
		First Name	Middle N	Name Last Name				
Par	t 6: Answe	er These Question	ns for R	eporting Purposes				
16.	What kind of have?	of debts do you	16a.			ner debts? Consumer debts are de for a personal, family, or househo		
				for a business or investment of No. Go to line 16c. Yes. Go to line 17.	or thi	s debts? Business debts are debrough the operation of the busines	ss or in	vestment.
			16c.	State the type of debts you ow	ve th	at are not consumer debts or bus	iness c	ebts.
17.	Do you esti exempt pro	ng under Chapter 7 mate that after any perty is excluded strative expenses a			er 7.	7. Go to line 18. Do you estimate that after any exemple paid that funds will be available to		
	paid that fu	nds will be available tion to unsecured		Yes				
18.		creditors do you at you owe?	S	1-49	0	25,001-50,000 50,00	0-100,0	000
19.	How much assets to be	do you estimate yo e worth?	ur 🗆 💟	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	liabilities to		ur 🔲 💆	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
For	r you	If I have States If no at have of I reque I under bankru and 35	e chosen Code. I u torney rep btained a st relief ir stand ma ptcy case 71. /s/ Shav Shavon Pa	to file under Chapter 7, I am aw nderstand the relief available un presents me and I did not pay on a read the notice required by 1 accordance with the chapter oking a false statement, conceal a can result in fines up to \$250,000 con Parker arker, Debtor 1 on 03/07/2025	ware nder or ag 11 U of title	each chapter, and I choose to progree to pay someone who is not an .S.C. § 342(b). e 11, United States Code, specified property, or obtaining money or pr	der Cha oceed un attorn d in thi	apter 7, 11,12, or 13 of title 11, United under Chapter 7. ey to help me fill out this document, I spetition.
				MM/ DD/ YYYY				

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Debtor 1	Shavon	Parker	Case number (if known)
	First Name	Middle Name Last Name	
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		proceed under Chapter 7, 11, 12, or each chapter for which the person is 11 U.S.C. § 342(b) and, in a case in v	d in this petition, declare that I have informed the debtor(s) about eligibility to I3 of title 11, United States Code, and have explained the relief available under eligible. I also certify that I have delivered to the debtor(s) the notice required by which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry filed with the petition is incorrect.
		/s/ Michael A. Cibik	Data 03/07/2025
		Signature of Attorney for Debtor	Date <u>03/07/2025</u>
		Michael A. Cibik Printed name Cibik Law, P.C. Firm name 1500 Walnut Street Suite 9 Number Street	00
		Philadelphia City	PA 19102 State ZIP Code
		Contact phone (215) 735-1060	Email address cibik@cibiklaw.com
		23110	_PA
		Bar number	Stato

btor 1	Shavon		Parker			
	First Name	Middle Name	Last Name		_	
ebtor 2						
pouse, if filing)	First Name	Middle Name	Last Name		_	
nited States Ba	nkruptcy Court for the:	Eastern	District of	f Pennsylvania		
ase number					_	Check if this amended filir

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Manufactured or mobile home	st In
What is the property? Check all that apply. 1.1	
1.1 1941 Georgian Rd Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land State ZIP Code Timeshare Other Current value of the entire property? Describe the nature of your owned (such as fee simple, tenancy by the last one of the debtors and another Check if this is community property identification number: Source of Value: Redfin (\$308,703 less 20% closing costs) Redfin (\$308,703 less 20% closing costs) Redfin (\$308,703 less 20% closing any entries for pages you have attached for Part 1. Write that number here Manufactured or mobile home Current value of the portion value value of the portion of the current value of the portion value of the portion value value of the portion value value of the debtors and another Current value of the entire property? Check one. Describe the nature of your own (such as fee simple, tenancy by the alife estate), if known. Fee Simple Check if this is community property identification value value of the debtors and another Check one. Current value of the entire property? Check one. Check if this is community property of the entire property? Check one. Check if the portion value o	
Condominium or cooperative Current value of the entire property? Philadelphia, PA 19138-2113 Investment property Timeshare Other Other County Philadelphia Who has an interest in the property? Check one. County Philadelphia County Philadelphia Who has an interest in the property? Check one. Fee Simple Check if this is community property identification number: Check if this is community property identification number: Source of Value: Redfin (\$308,703 less 20% closing costs) Redfin (\$308,703 less 20% closing costs) Pages Pag	on Schedule D:
Philadelphia, PA 19138-2113 City State ZIP Code Philadelphia County Who has an interest in the property? Check one. County Describe the nature of your owns (such as fee simple, tenancy by the a life estate), if known. Fee Simple Check if this is community property (see instructions) Other information you wish to add about this item, such as local property identification number: Source of Value: Redfin (\$308,703 less 20% closing costs) Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here	t value of the you own?
City State ZIP Code Other Philadelphia Who has an interest in the property? Check one. County Describe the nature of your owner (such as fee simple, tenancy by the a life estate), if known. Fee Simple Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Source of Value: Redfin (\$308,703 less 20% closing costs) Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here	\$246,962.00
County Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Source of Value: Redfin (\$308,703 less 20% closing costs) Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here	•
Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: Source of Value: Redfin (\$308,703 less 20% closing costs) 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here	
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here	perty
2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here	
you have attached for Part 1. Write that number here	
Part 2: Describe Your Vehicles	\$246,962.00
2000 No Tour Vernoies	
Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.	
3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles	
□ No	
✓ Yes	

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	0.4		Manage Inc. Day	When here are interest in the assessment O O		
	3.1	Make:	Mercedes-Benz	Who has an interest in the property? Check one. ✓ Debtor 1 only		laims or exemptions. Put ed claims on <i>Schedule D:</i>
		Model:	CLE	Debtor 2 only		ims Secured by Property.
		Year:	2022	☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		Approximate mile	age: 20000	☐ Check if this is community property (see instructions)	\$0.00	\$0.00
		Other information	:	,		
		Lease Vehicle	•			
	14/					
4.				nd other recreational vehicles, other vehicles, and		
	✓ N	•	s, motors, personar v	vatercraft, fishing vessels, snowmobiles, motorcycle a	ccessories	
	<u> </u>					
	<u> </u>					
_	ما ما ما	the deller velve et	f tha mantian a	m for all of very outries from Dort 2 including any	autica fau nama	
5.				n for all of your entries from Part 2, including any mber here		\$0.00
Pa	rt 3:	Describe `	Your Personal a	and Household Items		
Do v	ou owi	n or have any lega	al or equitable inter	est in any of the following items?		Current value of the
,	ou o	or navo any log	ar or oquitable interv	occur, any or ano tonouning name.		portion you own? Do not deduct secured claims or exemptions.
6.	Hous	ehold goods and	furnishings			
		_	_	s, china, kitchenware		
	□ N	0				
		es. Describe				
				l pieces of furniture, furnishings, appliances, , each valued at \$600 or less.	, linens, and other	\$750.00
			Similar items	, caon valued at \$600 or less.		
7.	Elect	ronics				
	Exam			deo, stereo, and digital equipment; computers, printers cluding cell phones, cameras, media players, games	s, scanners; music	
	_ N		electronic devices in	cidaling cell priories, carrieras, media piayers, garries		
	□ N					
	V I Y€	es. Describe	Various used or less.	televisions, mobile devices, and computers	, each valued at \$600	\$500.00
0	Calla	ctibles of value				
8.			nd figurines: naintings	s, prints, or other artwork; books, pictures, or other art	objects: stamp coin or	
	LXum			collections, memorabilia, collectibles	objects, stamp, com, or	
	√ N	0				
	☐ Ye	es. Describe				
9.	Eauir	oment for sports a	and hobbies			
-		nples: Sports, pho		and other hobby equipment; bicycles, pool tables, golf instruments	clubs, skis; canoes and	
	√ N		· ·			
	_	os Describe				

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10.	Firearms Examples: Pistols, rifles, sl	hotguns, ammunition, and r	elated equipment	
	☑ No			
	Yes. Describe			
11.	Clothes			
		es, furs, leather coats, desig	ner wear, shoes, accessories	
	□ No			
	✓ Yes. Describe	Variana na diadaa	of elething the condensation and unless of \$600	
		or less.	of clothing, shoes, and accessories, each valued at \$600	\$250.00
12.	Jewelry			
	Examples: Everyday jeweli silver	ry, costume jewelry, engage	ement rings, wedding rings, heirloom jewelry, watches, gems, gold,	
	☐ No			
	Yes. Describe	Various used pieces of	of jewelry.	\$150.00
13.	Non-farm animals Examples: Dogs, cats, bird	ls horses		
	✓ No	13, 1101303		
	Yes. Describe			
14.	_	ousehold items you did n	ot already list, including any health aids you did not list	
	✓ No	ouconora nome you are no	or anotaly not, moraling any notatin and you are not not	
	Yes. Give specific			
	information			
15.			3, including any entries for pages you have attached	\$1,650.00
Pa	rt 4: Describe You	ır Financial Assets		
	ou own or have any legal or		of the following?	Current value of the
<i>D</i> 0 y	ou our or have any legal of	r equitable interest in any		portion you own? Do not deduct secured claims or exemptions.
16.	Cash			
		e in your wallet, in your hon	ne, in a safe deposit box, and on hand when you file your petition	
	☑ No			
	☐ Yes		Cash:	
17.	Deposits of money			
			ints; certificates of deposit; shares in credit unions, brokerage houses, ultiple accounts with the same institution, list each.	
	☐ No			
	✓ Yes		Institution name:	
			Citizens	
	17.	.1. Checking account:	Account Number: 9259	\$100.00

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18.		, or publicly traded stocks		
		s, investment accounts with brokerage firms, money market accounts		
	☑ No			
	☐ Yes			
19.	Non-publicly traded s LLC, partnership, and	stock and interests in incorporated and unincorporated businesses, incl d joint venture	uding an interest in an	
	☐ No			
	Yes. Give specific			
	information about them	Name of entity:	% of ownership:	
		Code Red Healthcare	100.00%	\$60.00
		Elite Infusion IV Hydration	100.00%	\$0.00
20.	Government and corp	porate bonds and other negotiable and non-negotiable instruments		
		s include personal checks, cashiers' checks, promissory notes, and money ordents are those you cannot transfer to someone by signing or delivering them		
	√ No			
	Yes. Give specific			
	information about them			
21.	Retirement or pension	n accounts		
	Examples: Interests in	n IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension	n or profit-sharing plans	
	√ No			
	Yes. List each account separately.	:		
22.	Security deposits and	d prepayments		
	Your share of all unuse	ed deposits you have made so that you may continue service or use from a co	ompany	
	Examples: Agreement others	ts with landlords, prepaid rent, public utilities (electric, gas, water), telecomme	unications companies, or	
	₫ No			
	☐ Yes			
23.	Annuities (A contract f	for a periodic payment of money to you, either for life or for a number of years	s)	
	√ No			
	☐ Yes			
24.		tion IRA, in an account in a qualified ABLE program, or under a qualified	d state tuition program.	
	26 U.S.C. §§ 530(b)(1)	, 529A(b), and 529(b)(1).		
	√ No			
	☐ Yes			

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	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit	
	☑ No	
	Yes. Give specific information about them	
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual property	
	Examples: Internet domain names, websites, proceeds from royalties and licensing agreements	
	☑ No	
	Yes. Give specific information about them	
27.	Licenses, franchises, and other general intangibles	
	Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses	
	☑ No	
	Yes. Give specific information about them	
Mone	y or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you	
	☑ No	
	Yes. Give specific information about them, including whether you already filed the returns and the tax years	
29.	Family support	
	Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement	
	☑ No	
	Yes. Give specific information	
30.	Other amounts someone owes you	
	Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else	
	☑ No	
	Yes. Give specific information	
31.	Interests in insurance policies	
	Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance	
	☑ No	
	Yes. Name the insurance company of each policy and list its value	

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32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.	
	☑ No	
	☐ Yes. Give specific information	
33.	Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment	
	Examples: Accidents, employment disputes, insurance claims, or rights to sue	
	☑ No	
	☐ Yes. Describe each claim	
34.	Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims	
	☑ No	
	☐ Yes. Describe each claim	
35.	Any financial assets you did not already list	
	☑ No	
	Yes. Give specific information	
36.	Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here	\$160.00
	Book it and Book and Book at No. 2	al a dala la Dadid
Pa	rt 5: Describe Any Business-Related Property You Own or Have an Interest In. List any re	ear estate in Part 1.
37.	Do you own or have any legal or equitable interest in any business-related property?	
	No. Go to Part 6.	
	✓ Yes. Go to line 38.	
		Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accounts receivable or commissions you already earned	
	√1 No	
	Yes. Describe	
39.	Office equipment, furnishings, and supplies	
	Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices	
	☑ No	
	☐ Yes. Describe	
40.	Machinery, fixtures, equipment, supplies you use in business, and tools of your trade	
	☑ No	
	☐ Yes. Describe	
41.	Inventory	
	☑ No	
	☐ Yes. Describe	

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42.	Interests in partnerships or joint ventures		
	☑ No		
	Yes. Describe		
43.	Customer lists, mailing lists, or other compilations		
	₫ No		
	Yes. Do your lists include personally identifiable informat	ion (as defined in 11 U.S.C. § 101(41A))?	
44.	Any business-related property you did not already list		
	☐ No		
	✓ Yes. Give specific information		
	Citizens Bank ending 1476 (in bu	siness's name only)	\$0.00
45.	Add the dollar value of all of your entries from Part 5, includi for Part 5. Write that number here		\$0.00
	TOT FAIL 5. WITE that number nere		
Pa	rt 6: Describe Any Farm- and Commercial Fis If you own or have an interest in farmland, list	- · · · · · · · · · · · · · · · · · · ·	e an Interest In.
46.	Do you own or have any legal or equitable interest in any far	m- or commercial fishing-related property?	
	☑ No. Go to Part 7.		
	Yes. Go to line 47.		
52.	Add the dollar value of all of your entries from Part 6, includi for Part 6. Write that number here		\$0.00
Pa	rt 7: Describe All Property You Own or Have	an Interest in That You Did Not List Ab	ove
53.	Do you have other property of any kind you did not already li		
00.	Examples: Season tickets, country club membership		
	√1 No		
	Yes. Give specific		
	information		
54.	Add the dollar value of all of your entries from Part 7. Write the	hat number here	\$0.00
Pa	rt 8: List the Totals of Each Part of this Form	ו	
55.	Part 1: Total real estate, line 2		\$246,962.00
5 0	B	A.	
56.	Part 2: Total vehicles, line 5	\$0.00	
57.	Part 3: Total personal and household items, line 15	\$1,650.00	
58.	Part 4: Total financial assets, line 36	\$160.00	
59.	Part 5: Total business-related property, line 45	\$0.00	

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Debtor Parker, Shavon Case number (if known)

60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00			
61.	Part 7: Total other property not listed, line 54	+	\$0.00			
62.	Total personal property. Add lines 56 through 61		\$1,810.00	Copy personal property total	+_	\$1,810.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62.					\$248,772.00

Official Form 106A/B Schedule A/B: Property page 8

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Fill in this inform	ation to identify your ca	ase:		
Debtor 1	Shavon		Parker	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the	e: <u>Eastern</u>	District of Pennsylvania	
Case number				—
(if known)				Check if this amended filir

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

F	Part 1: Ider	ntify the Property You	ı Claim as Exempt					
1.	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)							
2.	Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.		Specific laws that allow exemption		
	Brief description: Line from Schedule A/B:	1941 Georgian Rd Philadelphia, PA 19138-2113	\$246,962.00	□✓	\$0.00 100% of fair market value, up to any applicable statutory limit \$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1) 11 U.S.C. § 522(d)(5)		
3.	(Subject to adju ✓ No	stment on 4/01/25 and eve	. ,	ises fil	ed on or after the date of adjustment.) 15 days before you filed this case?			

Debtor 1 Shavon

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Parker Case nu

Shavon Parker Case number (if known) _
First Name Middle Name Last Name

•	on of the property and	O			
line on <i>Schedı</i> property	ule A/B that lists this	Current value of the portion you own		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
		Copy the value from Schedule A/B			
Brief	2022	\$0.00		\$0.00	11 U.S.C. § 522(d)(2)
description:	Mercedes-Benz CLE			100% of fair market value, up to any applicable statutory limit	
	Lease Vehicle		$\overline{\mathbf{A}}$	\$0.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B:	3.1			100% of fair market value, up to any applicable statutory limit	_
Brief description:	Various used pieces of furniture,	\$750.00			
·	furnishings, appliances, linens,				
	and other similar				
	items, each valued at \$600 or less.		4	\$750.00	44 11 5 0 5 522/41/21
Line from				100% of fair market value, up to	11 U.S.C. § 522(d)(3)
Schedule A/B:	6			any applicable statutory limit	
Brief description:	Various used televisions, mobile	\$500.00			
, , ,	devices, and				
	computers, each valued at \$600 or				
	less.		A	\$500.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	7			100% of fair market value, up to any applicable statutory limit	
Brief	Various used	\$250.00		any apphoasic statutory infin	
description:	articles of clothing,	4200.00			
	shoes, and accessories, each				
	valued at \$600 or less.		_		
Lina from	1033.		1	\$250.00	11 U.S.C. § 522(d)(3)
Line from Schedule A/B:	11			100% of fair market value, up to any applicable statutory limit	_
Brief description:	Various used	\$150.00			
·	pieces of jewelry.		<u> </u>	\$150.00	11 U.S.C. § 522(d)(4)
Line from Schedule A/B:	12			100% of fair market value, up to any applicable statutory limit	

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Case number (if known) _

Debtor 1 Shavon

ShavonParkerFirst NameMiddle NameLast Name

Additional Page Part 2: Brief description of the property and Current value of the Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this portion you own Check only one box for each exemption. property Copy the value from Schedule A/B Brief Citizens \$100.00 description: **Checking account** Acct. No.: 9259 $\sqrt{}$ \$100.00 11 U.S.C. § 522(d)(5) Line from 100% of fair market value, up to 17 Schedule A/B: any applicable statutory limit **Elite Infusion IV** \$0.00 description: Hydration $\sqrt{}$ \$0.00 11 U.S.C. § 522(d)(5) Line from 100% of fair market value, up to 19 Schedule A/B: any applicable statutory limit Brief Code Red \$60.00 description: Healthcare $\sqrt{}$ \$60.00 11 U.S.C. § 522(d)(5) Line from 100% of fair market value, up to 19 Schedule A/B: any applicable statutory limit Brief Citizens Bank \$0.00 description: ending 1476 (in business's name only) $\sqrt{}$ \$60.00 11 U.S.C. § 522(d)(5) Line from 100% of fair market value, up to 44 Schedule A/B: any applicable statutory limit

			Document	Page 20 of 54	4		
Fill in this info	ormation to identify yo	ur case:					
Debtor 1	Shavon		Parker				
	First Name	Middle Name	Last Name				
Debtor 2							
	ing) First Name	Middle Name	Last Name				
United State	es Bankruptcy Court fo	or the: East	ern Distr	ict of Pennsylvan i	ia_		
Case numb	or (if						
known)	C1 (II						this is an
						amende	a filing
Official Fo	orm 106D						
Sched	ule D: Cre	editors Wh	o Have C	laims Sec	cured by	Property	12/15
nore space in name and case. Do any case.	s needed, copy the A se number (if known) reditors have claims	Additional Page, fill it of the country of the coun	out, number the ent perty?	ries, and attach it to	this form. On the to	or supplying correct inf op of any additional pag n this form.	
r di t i.	Eist / III Goodi od	- Giairiis			0.1	0.4	0.1.0
		creditor has more than once than once than one creditor h			Column A Amount of claim	Column B Value of collateral	Column C Unsecured
•	•	s possible, list the claim	•		Do not deduct the	that supports this	portion
creditor's	s name.		value of c			claim	If any
2.1 BSI Fi	inancial Srvs	Describe	the property that	secures the claim:	\$260,572.00	\$246,962.00	\$13,610.00
	's Name	1941 G	eorgian Rd Phila	delphia, PA 19138-2	2113		
Attn:	Bankruptcy			• •			
	Regent Blvd. Ste B			claim is: Check all that	t apply.		
Numbe		☐ Conti	•				
	, TX 75063	ZIP Code Unliq					
City	State	Zii 00de — 1		. annly			
	wes the debt? Check		f lien. Check all that	,			
_	otor 1 only otor 2 only		•	(such as mortgage or s lien, mechanic's lien)	secured car loan)		
	otor 2 only otor 1 and Debtor 2 on		nent lien from a law				
At le	east one of the debtors	,	(including a right to				
☐ Che	eck if this claim relate		<i>'</i>				
		7/1/2020 Last 4 di	gits of account nur	mber <u>0 4 0</u>	4		

\$260,572.00

Add the dollar value of your entries in Column A on this page. Write that number here:

		Doci	<u>iment Page</u>	21 of 54		_				
Fill in this infor	mation to identify your case:									
Debtor 1	Shavon	Р	arker							
	First Name Midd	dle Name La	st Name							
Debtor 2										
(Spouse, if filing	First Name Midd	dle Name La	st Name							
United States	Bankruptcy Court for the:	Eastern	District of Pe	nnsylvania	_					
Case number									Check if	Albia ia au
(if known)								_	amended	
Official For	<u>m 106E/F</u>									
Schedu	ıle E/F: Credit	tors Who	Have Unse	ecured	Cla	aim	าร			12/15
other party to a Form 106A/B) a claims that are	e and accurate as possible. Using executory contracts or use and on Schedule G: Executo listed in Schedule D: Creditizes in the boxes on the left. wn).	nexpired leases that ary Contracts and Uni ors Who Have Clain	t could result in a clai nexpired Leases (Offic ns Secured by Propert	m. Also list ex ial Form 106G ty. If more spa	ecutor 6). Do n ce is n	y con ot inc eeded	tracts of lude a l, copy	on <i>Schedu</i> ny creditor the Part ye	<i>lle A/B:</i> Pro s with par ou need, fi	operty (Officia tially secured ill it out,
Part 1:	List All of Your PRIORIT	Y Unsecured Clai	ms							
	reditors have priority unsecute to Part 2.	ired claims against	you?							
Yes.	0 10 1 alt 2.									
Part 2:	List All of Your NONPRIC	ORITY Unsecured	Claims							
	reditors have nonpriority uns	secured claims anai	net vou?							
_	ou have nothing to report in this	•	•	r other schedul	es.					
nonpriority included in	your nonpriority unsecured y unsecured claim, list the cred n Part 1. If more than one cred out the Continuation Page of F	ditor separately for ea ditor holds a particular	ch claim. For each clair	n listed, identify	y what t	ype o	f claim	it is. Do not	list claims	already
										Total claim
4.1 Capital	One		Last 4 digits of acco	unt number	0	2 9	8 (\$7,920.00
Nonpriori	ty Creditor's Name		When was the debt i	nourrod?		41410				
Attn: B	ankruptcy		When was the debt in	ncurreur		1/1/2	019	_		
PO Box	c 30285		A	la tha alaim ia	Chaa	الميا				
Number	Street		As of the date you fill Contingent	ie, the claim is	s: Cnec	k all tr	ат аррі	у.		
	ke City, UT 84130-0285		☐ Unliquidated							
City	State	ZIP Code	☐ Disputed							
	urred the debt? Check one.		Type of NONPRIORIT	ΓY unsecured	claim:					
☑ Debto	•		☐ Student loans							
☐ Debto	or 2 only or 1 and Debtor 2 only		☐ Obligations arising	out of a separ	ration a	greem	ent or	divorce that	you did no	ot report as
	or I and Debtor 2 only ast one of the debtors and ano	ther	priority claims				41 '			
-	k if this claim is for a comm		☐ Debts to pension of ☐ Other. Specify C		g pians,	and c	tner sir	niiar debts		
		•	Culei. Specify	reditoard						
IS the cla	aim subject to offset?									

☐ Yes

Debtor 1 Shavon Document Page 22 of 54

Parker Case number (if known)

Last Name

Middle Name

First Name

Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim **Capital One** Last 4 digits of account number 2 1 7 \$6,563.00 Nonpriority Creditor's Name When was the debt incurred? 6/1/2014 Attn: Bankruptcy PO Box 30285 As of the date you file, the claim is: Check all that apply. Number Street Contingent Salt Lake City, UT 84130-0285 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditCard Is the claim subject to offset? **√** No ☐ Yes 4.3 Capital One Last 4 digits of account number \$351.00 3 7 0 0 Nonpriority Creditor's Name When was the debt incurred? 11/1/2003 Attn: Bankruptcy PO Box 30285 As of the date you file, the claim is: Check all that apply. Number Street Contingent Salt Lake City, UT 84130-0285 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ■ Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditCard Is the claim subject to offset? **☑** No ☐ Yes

Last Name

Debtor 1 Shavon Document Page 23 of 54

Parker Case number (if known)

Middle Name

First Name

Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.4 **Jpmcb** Last 4 digits of account number \$17,478.00 6 6 4 Nonpriority Creditor's Name When was the debt incurred? 12/1/2021 MailCode LA4-7100 700 Kansas Lane Street As of the date you file, the claim is: Check all that apply. Contingent Monroe, LA 71203 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ☐ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditCard Is the claim subject to offset? **☑** No ☐ Yes 4.5 **Jpmcb** Last 4 digits of account number 6 5 6 1 \$14,363.00 Nonpriority Creditor's Name When was the debt incurred? 1/1/2020 MailCode LA4-7100 700 Kansas Lane Number Street As of the date you file, the claim is: Check all that apply. Contingent Monroe, LA 71203 Unliquidated ZIP Code City State Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditCard Is the claim subject to offset? **✓** No

☐ Yes

Debtor 1 Shavon Document Page 24 of 54

Parker Case number (if known)

First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.6 **Jpmcb** Last 4 digits of account number 5 3 2 \$13,832.00 Nonpriority Creditor's Name When was the debt incurred? 1/1/2021 MailCode LA4-7100 700 Kansas Lane Number As of the date you file, the claim is: Check all that apply. Contingent Monroe, LA 71203 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ☐ Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify CreditCard Is the claim subject to offset? **☑** No ☐ Yes 4.7 Navient Last 4 digits of account number 1 1 1 7 \$26,494.00 Nonpriority Creditor's Name When was the debt incurred? 11/1/2022 Attn: Bankruptcy PO Box 9635 As of the date you file, the claim is: Check all that apply. Number Street Contingent Wilkes Barre, PA 18773-9635 Unliquidated City State ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only ✓ Student loans Debtor 2 only ☐ Obligations arising out of a separation agreement or divorce that you did not report as Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify

Is the claim subject to offset?

✓ No ☐ Yes

Last Name

Debtor 1 Shavon Document Page 25 of 54 Parker Case number (if known) _

Middle Name

First Name

After listing any entries on	this page, number them beginni	ing with 4.4, followed by 4.5, and so forth.	Total claim
4.8 Navient		Last 4 digits of account number 0 8 3 1	\$26,154.00
Nonpriority Creditor's Na	me		
Attn: Bankruptcy		When was the debt incurred? 8/1/2023	
PO Box 9635			
Number Stree	et	As of the date you file, the claim is: Check all that apply.	
Wilkes Barre, PA 18	773-9635	☐ Contingent	
City	State ZIP Code	 ─ Unliquidated ☐ Disputed 	
Is the claim subject to ☑ No ☐ Yes 4.9 Navient	2 only ebtors and another is for a community debt offset?	Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Last 4 digits of account number 0 8 2 9	not report as \$9,656.00
Nonpriority Creditor's Na Attn: Bankruptcy	me	When was the debt incurred? 8/1/2011	
PO Box 9635		_	
Number Stree	et	As of the date you file, the claim is: Check all that apply.	
Wilkes Barre, PA 18	773-9635	☐ Contingent	
0':	State ZIP Code	Unliquidated	
City	otate Zii oode	☐ Disputed	

☐ Yes

Debtor 1 Shavon Document Page 26 of 54
Parker Case number (if known) _

First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.10 Navient Last 4 digits of account number 1 0 0 5 \$7,520.00 Nonpriority Creditor's Name When was the debt incurred? 10/1/2012 Attn: Bankruptcy PO Box 9635 As of the date you file, the claim is: Check all that apply. Number Street Contingent Wilkes Barre, PA 18773-9635 Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only ✓ Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? **√** No ☐ Yes 4.11 Navient Last 4 digits of account number 1 2 0 4 \$6,409.00 Nonpriority Creditor's Name When was the debt incurred? 12/1/2017 Attn: Bankruptcy PO Box 9635 As of the date you file, the claim is: Check all that apply. Number Street ☐ Contingent Wilkes Barre, PA 18773-9635 Unliquidated City ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim:

✓ Student loans

priority claims

Other. Specify

Obligations arising out of a separation agreement or divorce that you did not report as

Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 only

Debtor 2 only

✓ No ☐ Yes

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Last Name

Debtor 1 Shavon Document Page 27 of 54 Parker Case number (if known) _

Middle Name

First Name

Part 2: Your NONPRIORITY Unsecured Claims –	Continuation Page
After listing any entries on this page, number them beginning	with 4.4, followed by 4.5, and so forth.
Arter listing any entries on this page, number them beginning Navient	Last 4 digits of account number 1 2 0 4 \$4,510.00 When was the debt incurred? 12/1/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify
4.13 Navient Nonpriority Creditor's Name Attn: Bankruptcy PO Box 9635 Number Street Wilkes Barre, PA 18773-9635 City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No	Last 4 digits of account number 0 7 2 5 \$4,457.00 When was the debt incurred? 7/1/2016 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: ☑ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify

☐ Yes

Last Name

Debtor 1 Shavon Document Page 28 of 54 Parker Case number (if known) _

Middle Name

First Name

Pa	rt 2: Your NONPRIORITY Unsecured Claims —	Continuation Page						
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so fo	rth.					Total claim
4.14	Navient	Last 4 digits of account number 0 6 0 7						\$4,307.00
	Nonpriority Creditor's Name			_				
	Attn: Bankruptcy	When was the debt incurred?		6	0/1/2	2017		
	PO Box 9635	•						
	Number Street	As of the date you file, the claim is	s: Che	eck	k all	that	apply.	
	Wilkes Barre, PA 18773-9635	☐ Contingent						
	City State ZIP Code	UnliquidatedDisputed						
	Who incurred the debt? Check one.	Time of NONDDIODITY impossing d	-1-:					
	☑ Debtor 1 only	Type of NONPRIORITY unsecured ☑ Student loans	Ciain	n:				
	☐ Debtor 2 only	Student loansObligations arising out of a separ	ration		~roo	mani	or div	area that you did not report as
	Debtor 1 and Debtor 2 only	priority claims	allon	ı aç	greei	пеп	or aiv	orce that you did not report as
	At least one of the debtors and another	☐ Debts to pension or profit-sharing	g plan	ns,	and	othe	r simil	ar debts
	☐ Check if this claim is for a community debt	Other. Specify						_
	Is the claim subject to offset?							
	☑ No							
	☐ Yes							
4.15	Navient	Last 4 digits of account number	0	8	8	2	9	\$3,724.00
	Nonpriority Creditor's Name	When was the debt incurred? 8/1/2011						
	Attn: Bankruptcy	When was the debt incurred? 8/1/2011						
	PO Box 9635							
	Number Street	As of the date you file, the claim is	s: Che	eck	k all	that	apply.	
	Wilkes Barre, PA 18773-9635	☐ Contingent						
	City State ZIP Code	UnliquidatedDisputed						
	Who incurred the debt? Check one.	_ Disputed						
	☑ Debtor 1 only	Type of NONPRIORITY unsecured claim:						
	Debtor 2 only	✓ Student loans						
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as						
	☐ At least one of the debtors and another	priority claims Debts to pension or profit-sharing	n nlan	าร	and	othe	r simil:	ar dehts
	☐ Check if this claim is for a community debt	☐ Other. Specify						
	Is the claim subject to offset?	· · · · · ·						_
	☑ No							
	☐ Yes							

Document Debtor 1

Shavon Parker Case number (if known) First Name Middle Name Last Name

Pa	rt 2: Your NONPRIORITY Unsecured Claims -	- Continuation Page					
Afte	listing any entries on this page, number them beginnin	g with 4.4, followed by 4.5, and so forth.					
4.16	Navient	Last 4 digits of account number 1 0 0 7 \$3,508.00					
	Nonpriority Creditor's Name	When was the debt incurred? 10/1/2015					
	Attn: Bankruptcy	When was the dept incurred: 10/1/2015					
	PO Box 9635						
	Number Street	As of the date you file, the claim is: Check all that apply. Contingent					
	Wilkes Barre, PA 18773-9635						
	City State ZIP Code	- ☐ Unliquidated ☐ Disputed					
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify					
4.17	Navient	Last 4 digits of account number 0 6 0 7 \$3,256.00					
	Nonpriority Creditor's Name	When was the debt incurred? 6/1/2017					
	Attn: Bankruptcy	<u> </u>					
	PO Box 9635	As of the date you file, the claim is: Check all that apply. ☐ Contingent					
	Number Street						
	Wilkes Barre, PA 18773-9635	- ☐ Unliquidated					
	City State ZIP Code	☐ Disputed					
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify					

Document Page 30 of 54 Debtor 1 Shavon

Middle Name

First Name

Parker Case number (if known) _

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.18 Navient Last 4 digits of account number 1 0 0 5 \$3,246.00 Nonpriority Creditor's Name When was the debt incurred? 10/1/2012 Attn: Bankruptcy PO Box 9635 As of the date you file, the claim is: Check all that apply. Number Street Contingent Wilkes Barre, PA 18773-9635 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: ☑ Debtor 1 only ✓ Student loans ☐ Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? **√** No ☐ Yes 4.19 Navient Last 4 digits of account number 1 0 0 5 \$2,254.00 Nonpriority Creditor's Name When was the debt incurred? 10/1/2016 Attn: Bankruptcy PO Box 9635 As of the date you file, the claim is: Check all that apply. Number Street ☐ Contingent Wilkes Barre, PA 18773-9635 Unliquidated City ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only ✓ Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ■ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt Other. Specify Is the claim subject to offset? **☑** No ☐ Yes

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Debtor 1 Shavon Parker Case number (if known) First Name Middle Name Last Name

Pa	Your NONPRIORITY Unsecured Claims –	Continuation Page					
After	listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth. Total claim					
4.20	Navient	Last 4 digits of account number 0 3 0 6 \$2,179.00					
	Nonpriority Creditor's Name	<u> </u>					
	Attn: Bankruptcy	When was the debt incurred? 3/1/2017					
	PO Box 9635						
	Number Street	As of the date you file, the claim is: Check all that apply. Contingent					
	Wilkes Barre, PA 18773-9635						
	City State ZIP Code	· ☐ Unliquidated ☐ Disputed					
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify					
4.21	Navient	Last 4 digits of account number 0 2 1 1 \$1,754.00					
	Nonpriority Creditor's Name						
	Attn: Bankruptcy	When was the debt incurred? 2/1/2015					
	PO Box 9635	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed					
	Number Street						
	Wilkes Barre, PA 18773-9635						
	City State ZIP Code						
	Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	Type of NONPRIORITY unsecured claim: ☑ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify					

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Debtor 1 Shavon Parker __ Case number (if known) __ First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims —	Continuation Page					
After listing any entries on this page, number them beginning	g with 4.4, followed by 4.5, and so forth.					
4.22 Navient	Last 4 digits of account number 0 3 0 6 \$1,252.00					
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 3/1/2017					
PO Box 9635	As of the date you file, the claim is: Check all that apply.					
Number Street	☐ Contingent					
Wilkes Barre, PA 18773-9635 City State ZIP Code	- Unliquidated Disputed					
Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes	Type of NONPRIORITY unsecured claim: ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify					
4.23 Navy Federal Credit Union Nonpriority Creditor's Name Attn: Bankruptcy	Last 4 digits of account number 4 8 6 0 \$7,467.00 When was the debt incurred? 10/1/2022					
PO Box 3000 Number Street Merrifield, VA 22119 City State ZIP Code	As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report a priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CreditCard					
Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No □ Yes						

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First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Portfolio Recovery Associates, LLC Last 4 digits of account number \$1,368.00 1 4 1 3 Nonpriority Creditor's Name When was the debt incurred? 2/1/2024 Attn: Bankruptcy P.O. Box 12914 As of the date you file, the claim is: Check all that apply. Number Street Contingent Norfolk, VA 23541-0914 ■ Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: **☑** Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as ☐ Debtor 1 and Debtor 2 only priority claims ☐ At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts ☐ Check if this claim is for a community debt ☑ Other. Specify FactoringCompanyAccount Is the claim subject to offset? **☑** No ☐ Yes

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Debtor 1

Parker

Shavon

First Name Middle Name Last Name

Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.								
					Total claim			
Total claims from Part 1	6a.	Domestic support obligations	6a.		\$0.00			
	6b.	Taxes and certain other debts you owe the government	6b.		\$0.00			
	6c.	Claims for death or personal injury while you were intoxicated	6c.		\$0.00			
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	+	\$0.00			
	6e.	Total. Add lines 6a through 6d.	6e.	•	\$0.00			
					Total claim			
Total claims from Part 2	6f.	Student loans	6f.		\$110,680.00			
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.		\$0.00			
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.		\$0.00			
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+	\$69,342.00			
	6j.	Total. Add lines 6f through 6i.	6j.		\$180,022.00			

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Fill in this informatio	on to identify your case			
Debtor 1	Shavon		Parker	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	kruptcy Court for the:	Easte	ern District of Pennsylva	ania
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or co	ompany with who	om you ha	ve the contract or lease	State what the contract or lease is for		
2.1	Mercede:	s Benz			automobile lease Contract to be ASSUMED		
	P.O. Box	685					
	Number	Street			-		
	Roanoke	, TX 76262					
	City		State	ZIP Code	-		
2.2							
	Name				-		
	Number	Street			-		
	City		State	ZIP Code	-		
2.3							
	Name				-		
	Number	Street			-		
	City		State	ZIP Code	-		
2.4							
	Name				_		
	Number	Street			-		
	City		State	ZIP Code	-		

				Document Pac	re 36 of 54	•	
Fill in	this inform	ation to identify you	ır case:				
Debt	or 1	Shavon		Parker			
		First Name	Middle Name	Last Name	_		
Debt							
(Spo	use, if filing)	First Name	Middle Name	Last Name			
Unite	ed States E	Bankruptcy Court fo	r the: Easte	n District of	Pennsylvania		
Case	e number						
(if kn	own)					Check if this is a amended filing	ın
Offic	ial Forr	n 106H					
			ır Codebto	rs			12/15
iling t he en	ogether, b	oth are equally re	sponsible for supplyin	g correct information. If	more space is needed, c	urate as possible. If two married people opy the Additional Page, fill it out, and Pages, write your name and case numb	numbei
1.		ave any codebtors	? (If you are filing a join	t case, do not list either sp	ouse as a codebtor.)		
	☑ No						
	☐ Yes						
2.				unity property state or te uerto Rico, Texas, Washin		erty states and territories include Arizona,	
		o to line 3.					
			mer spouse, or legal eq	uivalent live with you at the	e time?		
	☐ No						
	☐ Ye	s. In which commu	nity state or territory did	you live?	Fill in the	name and current address of that person.	
	N	ame of your spouse	e, former spouse, or lega	al equivalent	-		
		, ,	, , ,	•	_		
	N	umber	Street				
	<u></u>	ity	State	ZIP Code	-		
		•					
3.	2 again a	s a codebtor only	if that person is a guar	rantor or cosigner. Make	sure you have listed the	filing with you. List the person shown creditor on <i>Schedule D</i> (Official Form a le E/F, or <i>Schedule G</i> to fill out Column	106D),
	Column 1	: Your codebtor			Column 2: T	he creditor to whom you owe the debt	
					Check all sc	hedules that apply:	
3.1							
	Name				☐ Schedule	e D, line	
	Number		Street		Schedule	e E/F, line	
	Number		Sileet		☐ Schedule	e G, line	
	City		State		ZIP Code		
3.2						- ·	
	Name					e D, line	
	Number		Street		Schedule	e E/F, line	
	Number		Ollegi		☐ Schedule	e G, line	

State

ZIP Code

City

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			Doc	ument F	age	37 01 3	<u> </u>			
Fill	I in this information to	identify your c	ase:							
ח	ebtor 1	Shavon	D	arker						
		First Name		st Name						
D	ebtor 2									
(S	Spouse, if filing)	First Name	Middle Name La:	st Name				Check if this is:		
lυ	nited States Bankrup	otcv Court for th	e: Eastern Di	strict of Penn	sylva	ania		An amended filin	J	
	ase number	,					_	A supplement sl chapter 13 incor		
_	known)							chapter 13 incom	ne as or the	s following date.
								MM / DD / YYY	Y	
∩f	ficial Form 1	1061								
Sc	chedule I:	Your In	come							12/15
spo add	use is not filing with	you, do not ind your name and	filing jointly, and your spo clude information about yo case number (if known). A	ur spouse. If m	ore s	pace is ne	eded, attach	a separate sheet to this	form. On t	he top of any
1.	Fill in your employ information.	ment		Debtor 1	1			Debtor 2 or n	on-filing sp	oouse
	If you have more th attach a separate p information about a	age with	Employment status Occupation	Employed	d ⊠ N	lot Employ	ed	□ Employed □ N	lot Employe	ed .
	employers.		Employer's name							
	Include part time, so self-employed work	•								
	Occupation may inc	clude student	Employer's address	Number Stree	et .			Number Street		
	or homemaker, if it			Number Offer	O.			Number Street		
				City		State	Zip Code	City	State	Zip Code
			How long employed there	e?						
Pa	art 2: Give Detail	s About Mon	thly Income							
	Estimate monthly i		e date you file this form. If	you have nothii	ng to	report for a	ny line, write	\$0 in the space. Include	your non-f	iling spouse
	If you or your non-fi more space, attach		ve more than one employer,	, combine the in	nforma	ition for all	employers fo	or that person on the line	s below. If y	you need
	2.2 2,200, 3114011					Fo	r Debtor 1	For Debtor 2 or		
							. 202001	non-filing spouse		
2.	List monthly gross	wages, salary,	and commissions (before	all payroll						
			lculate what the monthly wa		2.		\$0.00			
3.	Estimate and list m	nonthly overtim	e pay.		3.	+	\$0.00	+		

4. Calculate gross income. Add line 2 + line 3.

\$0.00

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Debtor 1

✓ No. Official Form 156 Plain:

Document Shavon Parker Case number (if known) -First Name Middle Name Last Name For Debtor 1 For Debtor 2 or non-filing spouse \$0.00 Copy line 4 here..... List all payroll deductions: \$0.00 5a. Tax, Medicare, and Social Security deductions 5a. \$0.00 5b. 5b. Mandatory contributions for retirement plans \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. 5h. Other deductions. Specify: \$0.00 5h. \$0.00 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. 6. \$0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total \$6,840.83 monthly net income. 8a. \$0.00 8b. Interest and dividends 8b. 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$0.00 settlement, and property settlement. 8c. \$0.00 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. \$0.00 8f. Specify: _ \$0.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. \$6,840.83 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse \$6,840.83 10. \$6,840.83 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 11. + Specify: . 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that 12. \$6,840.83 amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies Combined monthly income Do you expect an increase or decrease within the year after you file this form?

Schedule I: Your Income

page 2

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Debtor 1 Shavon Parker Case number (if known) ______

8a. Attached Statement									
	Coder Red Healthcare Services - Business Income								
	FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.) PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:								
1.	Gross Monthly Income:		\$45,719.76						
PART B	- ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:		. ,						
2.	Ordinary and necessary expense	\$38,878.93							
3.	Net Employee Payroll (Other than debtor)	\$0.00							
4.	Payroll Taxes	\$0.00							
5.	Unemployment Taxes	\$0.00							
6.	Worker's Compensation	\$0.00							
7.	Other Taxes	\$0.00							
8.	Inventory Purchases (Including raw materials)	\$0.00							
9.	Purchase of Feed/Fertilizer/Seed/Spray	\$0.00							
10.	Rent (Other than debtor's principal residence)	\$0.00							
11.	Utilities	\$0.00							
12.	Office Expenses and Supplies	\$0.00							
13.	Repairs and Maintenance	\$0.00							
14.	Vehicle Expenses	\$0.00							
15.	Travel and Entertainment	\$0.00							
16.	Equipment Rental and Leases	\$0.00							
17.	Legal/Accounting/Other Professional Fees	\$0.00							
18.	Insurance	\$0.00							
19.	Employee Benefits (e.g., pension, medical, etc.)	\$0.00							
20.	Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts								
	TOTAL PAYMENTS TO SECURED CREDITORS	\$0.00							
21.	Other Expenses								
	TOTAL OTHER EXPENSES	\$0.00							
	TOTAL MONTHLY EVERNOES (ALL'Y CO. O.)		\$38,878.93						
	TOTAL MONTHLY EXPENSES(Add item 2 - 21) - ESTIMATED AVERAGE NET MONTHLY INCOME:								
	- ESTIMATED AVERAGE NET MONTHLY INCOME: AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1)		\$6,840.83						
_0.			Ψοιοποίου						

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Fill in this information	n to identify your case	:		
Debtor 1	Shavon		Parker	
	First Name	Middle Name	Last Name	Check if this is:
Debtor 2				An amended filing
(Spouse, if filing)	First Name	Middle Name	Last Name	A supplement showing postpetition expenses as of the following date:
United States Bankı	ruptcy Court for the:	Easte	ern District of Pennsylvania	
Case number (if known)				MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Househol	Id					
Is this a joint case?						
No. Go to line 2. Yes. Does Debtor 2 live in a sep No Yes. Debtor 2 must file	parate household? e Official Form 106J-2, <i>Expenses for</i>	r Separate Household of Debtor 2.				
2. Do you have dependents?	□ _{No}					
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?		
Do not state the dependents' names.	ior caon acpondent	Child		. □ _{No.} ☑ _{Yes.}		
names.				No. Yes.		
				. No. Yes.		
				. No. Yes.		
				No. Yes.		
Do your expenses include expenses of people other than yourself and your dependents?	√ No □ _{Yes}					
Part 2: Estimate Your Ongoing Estimate your expenses as of your ba date after the bankruptcy is filed. If thi	nkruptcy filing date unless you are					
Include expenses paid for with non-ca such assistance and have included it	ash government assistance if you k	now the value of		ır expenses		
The rental or home ownership exp for the ground or lot.	penses for your residence. Include t	first mortgage payments and any rent	4	\$1,989.00		
If not included in line 4:						
4a. Real estate taxes			4a	\$0.00		
4b. Property, homeowner's, or ren	ter's insurance		4b	\$0.00		
4c. Home maintenance, repair, ar	nd upkeep expenses		4c	\$200.00		
4d. Homeowner's association or condominium dues 4d. \$0.00						

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Debtor 1 Shavon Parker Case number (if known) Last Name

	Y	our expenses
Additional mortgage payments for your residence, such as home equity loans	5. <u> </u>	\$0.00
Utilities:		
6a. Electricity, heat, natural gas	6a	\$305.00
6b. Water, sewer, garbage collection	6b.	\$80.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$300.00
6d. Other. Specify:	6d.	\$0.00
Food and housekeeping supplies	7.	\$1,000.00
Childcare and children's education costs	8.	\$0.00
Clothing, laundry, and dry cleaning	9.	\$200.00
. Personal care products and services	10.	\$200.00
. Medical and dental expenses	11	\$179.00
. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$350.00
. Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$0.00
Charitable contributions and religious donations	14.	\$0.00
. Insurance.		
Do not include insurance deducted from your pay or included in lines 4 or 20.		40.00
15a. Life insurance	15a	\$0.00
15b. Health insurance	15b	\$0.00
15c. Vehicle insurance	15c	\$452.00
15d. Other insurance. Specify:	15d	\$0.00
. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specify:	16	\$0.00
. Installment or lease payments:		
17a. Car payments for Vehicle 1 2022 Mercedes-Benz CLE	17a	\$899.00
17b. Car payments for Vehicle 2	17b	\$0.00
17c. Other. Specify:	17c	\$0.00
17d. Other. Specify:	17d	\$0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	\$0.00
Other payments you make to support others who do not live with you.		
Specify:	19.	\$0.00
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	е.	
20a. Mortgages on other property	20a.	\$0.00
20b. Real estate taxes	20b	\$0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e. Homeowner's association or condominium dues	20e.	\$0.00

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Debtor 1 Shavon **Parker** Case number (if known) _ First Name Last Name Middle Name 21. Other. Specify: 21. + _____ \$0.00 22. Calculate your monthly expenses. 22a. \$6,154.00 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. \$0.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. \$6,154.00 23. Calculate your monthly net income. 23a. \$6,840.83 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. 23b. Copy your monthly expenses from line 22c above. \$6,154.00 23c. Subtract your monthly expenses from your monthly income. \$686.83 The result is your monthly net income. 23c. 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? **✓** No. Yes.

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Fill in this information to identify your case:								
Debtor 1	Shavon	Parker						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
Jnited States Bankr	uptcy Court for the:	Easte	rn District of Pennsylvania					
Case number (if known)								

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

lacksquare Check if this is an amended filing

Part 1: Summarize Your Assets	
	Your assets Value of what you own
I. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$246,962.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$1,810.00
1c. Copy line 63, Total of all property on Schedule A/B	\$248,772.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$260,572.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$180,022.0
Your total liabilities	\$440,594.0
Part 3: Summarize Your Income and Expenses	
I. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of Schedule I	\$6,840.83
5. Schedule J: Your Expenses (Official Form 106J)	

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Case 25-10932 Entered 03/07/25 13:51:16 Desc Main Page 44 of 54 Document Debtor 1 Shavon **Parker** Case number (if known). First Name Middle Name Last Name Answer These Questions for Administrative and Statistical Records Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. **✓** Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$5,274.49 Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: **Total claim** From Part 4 on Schedule E/F, copy the following: 9a. Domestic support obligations (Copy line 6a.) \$0.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00 9d. Student loans. (Copy line 6f.) \$110,680.00 9e.Obligations arising out of a separation agreement or divorce that you did not report as priority \$0.00 claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$0.00

\$110,680.00

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Fill in this information	n to identify your case	:		
Debtor 1	Shavon		Parker	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:	Easte	ern District of Pennsylvania	
Case number				
(if known)		_		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an	attorney to help you fill out bankruptcy forms?
☑No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of periury, I declare that I have read the	summary and schedules filed with this declaration and that they are true and correct.
X /s/ Shavon Parker	
Shavon Parker, Debtor 1	
Date 03/07/2025	
MM/ DD/ YYYY	

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Fill in this information to identify your case:							
Shavon		Parker					
First Name	Middle Name	Last Name					
First Name	Middle Name	Last Name					
ruptcy Court for the:	Easte	rn District of Pennsylvania					
	Shavon First Name	Shavon First Name Middle Name First Name Middle Name					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

What is your current marital status?				
☐ Married				
☑ Not married				
2. During the last 3 years, have you lived ar	nywhere other than where y	ou live now?		
☑ No				
Yes. List all of the places you lived in the	ne last 3 years. Do not includ	le where you live now.		
3. Within the last 8 years, did you ever live territories include Arizona, California, Idaho,				
√ No				
☐ Yes. Make sure you fill out Schedule H	: Your Codebtors (Official Fo	orm 106H).		
Part 2: Explain the Sources of Your	Income			
4. Did you have any income from employm. Fill in the total amount of income you receive if you are filing a joint case and you have inc. No	ent or from operating a bus	esses, including part-time a	ctivities.	years?
4. Did you have any income from employm. Fill in the total amount of income you receive If you are filing a joint case and you have inc	ent or from operating a bus ed from all jobs and all busin come that you receive togeth	esses, including part-time a	ctivities. ebtor 1.	years?
4. Did you have any income from employm. Fill in the total amount of income you receive. If you are filing a joint case and you have inc. No	ent or from operating a bused from all jobs and all busing come that you receive togeth	esses, including part-time a er, list it only once under De	ctivities. ebtor 1. Debtor 2	
4. Did you have any income from employm. Fill in the total amount of income you receive. If you are filing a joint case and you have inc. No	ent or from operating a bus ed from all jobs and all busin come that you receive togeth	esses, including part-time a	ctivities. ebtor 1.	years? Gross Income (before deductions and exclusions)
4. Did you have any income from employm. Fill in the total amount of income you receive. If you are filing a joint case and you have income. No	ent or from operating a bus ed from all jobs and all busin- come that you receive togeth Debtor 1 Sources of income	esses, including part-time a er, list it only once under De Gross Income (before deductions and	ctivities. ebtor 1. Debtor 2 Sources of income	Gross Income (before deductions and exclusions)

	Case 25-	10932	Doc 1	Filed 03/07/2 Document	25 Entered 0 Page 47 of	3/07/25 13:51:16 Desc Main 54				
ebtor 1	Shavon			Parker	r ago ir or	Case number (if known)				
	First Name	Middle N	Name	Last Name						
	For last calendar year:			ges, commissions, uses, tips		☐ Wages, commissions, bonuses, tips				
(January	January 1 to December 31, 2024 YYYY			rating a business	tbd	Operating a business				
	alendar year befor 1 to December 31,			ges, commissions, uses, tips		☐ Wages, commissions, bonuses, tips				
(odridary	T to Bedember of	YYYY	√ Оре	rating a business	\$106,763.00	Operating a business				
Include inco public bene filing a joint No Yes. F	ome regardless of value of the payments; pensions case and you have sell in the details.	whether that ir ions; rental in e income that	ncome is t come; inte you recei		other income are alimely collected from laws by collected from laws by once under Debtor	ony; child support; Social Security, unemployment, and other suits; royalties; and gambling and lottery winnings. If you are 1.				
					Bariki aptey					
	r Debtor 1's or Del	otor 2's debts	primarily	consumer debts?						
☐ No.				arily consumer debts. nily, or household purp		defined in 11 U.S.C. § 101(8) as "incurred by				
	During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?									
	☐ No. Go to line 7.									
	Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.									
	* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.									
√ Yes.	Debtor 1 or Debto	or 2 or both h	ave prima	arily consumer debts.						
			-	ankruptcy, did you pay		f \$600 or more?				
	☑ No. Go to line 7.									
	include		domestic	support obligations, s		total amount you paid that creditor. Do not and alimony. Also, do not include payments to				
Insiders inc you are an	lude your relatives officer, director, pe	; any general rson in contro	partners; I, or owne	relatives of any general references of the reference of t	al partners; partnersh neir voting securities;	anyone who was an insider? ips of which you are a general partner; corporations of which and any managing agent, including one for a business you s, such as child support and alimony.				
☐ Yes. L	ist all payments to	an insider.								
Include pay	ments on debts gu	aranteed or c	osigned b		ents or transfer any p	property on account of a debt that benefited an insider?				
☐ Yes. L	ist all payments that	at benefited ar	n insider.							

		Document P	Entered 03/07/25 1 age 48 of 54	.0.01.10	COO MAIN
	Shavon	Parker	Ca	se number (if know	n)
	First Name Middle				
Part 4: Identi	ry Legai Actions, Repo	ossessions, and Foreclosures			
	tters, including personal inju	uptcy, were you a party in any lawsui ury cases, small claims actions, divorc			custody modifications, and
□No					
☑ Yes. Fill in	the details.				
		Nature of the case	Court or agency		Status of the case
Case title	Servis One Inc dba BSI Financial Services vs. Park	Civil	Philadelphia County Common Pleas, Fan Domestic Relations	nily Division,	☑ Pending ☐ On appeal ☐ Concluded
Case number	241200603	_	Court Name 1501 Arch Street		Concluded
			Number Street		
			Philadelphia, PA 191	02	
				State ZIP Code	
		nkruptcy, did any creditor, including a	a bank or financial institution	, set off any amou	ınts from your accounts or
	a payment because you or		a bank or financial institutior	i, set off any amou	ints from your accounts or
refuse to make ☐ No ☑ Yes. Fill in	a payment because you or			n, set off any amou	
efuse to make	a payment because you or the details.	wed a debt?	litor took	Date action was taken	Amount
efuse to make ☐ No ☑ Yes. Fill in KeyBank	a payment because you on the details.	Describe the action the cred	litor took	Date action was	
No Yes. Fill in KeyBank Creditor's Name Attn: Banki	a payment because you on the details.	Describe the action the cred Creditor took \$4,000 from	litor took	Date action was taken	Amount
efuse to make No Yes. Fill in KeyBank Creditor's Name	a payment because you on the details. ruptcy man Rd	Describe the action the cred Creditor took \$4,000 from	litor took	Date action was taken	Amount
No No Yes. Fill in KeyBank Creditor's Name Attn: Banke 4910 Tiedel Number Streen	the details. ruptcy man Rd	Describe the action the cred Creditor took \$4,000 from October 2024	ditor took m ban account in	Date action was taken	Amount
refuse to make No Yes. Fill in KeyBank Creditor's Name Attn: Banki	the details. ruptcy man Rd	Describe the action the cred Creditor took \$4,000 from October 2024 Last 4 digits of account number	ditor took m ban account in	Date action was taken	Amount
refuse to make No Yes. Fill in KeyBank Creditor's Name Attn: Bankı 4910 Tiede Number Stre Cleveland, City 12. Within 1 yea appointed recei	the details. ruptcy man Rd eet OH 44144 State ZIP Cod	Describe the action the cred Creditor took \$4,000 from October 2024 Last 4 digits of account number action to the creditor took \$4,000 from October 2024	ditor took m ban account in er: XXXX- n o w n	Date action was taken	Amount \$4,000.00
refuse to make No Yes. Fill in KeyBank Creditor's Name Attn: Banki 4910 Tieder Number Stre Cleveland, City 12. Within 1 year appointed recei No Yes Part 5: List C	the details. ruptcy man Rd eet OH 44144 State ZIP Cod ar before you filed for bank eiver, a custodian, or another eertain Gifts and Contr	Describe the action the cred Creditor took \$4,000 from October 2024 Last 4 digits of account number action to the creditor took \$4,000 from October 2024	ditor took n ban account in er: XXXX- n o w n he possession of an assigne	Date action was taken 10/2024 ee for the benefit of	Amount \$4,000.00

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Debtor 1	Shavon		Parker		Case number (if ki	nown)
	First Name	Middle Name	Last Name			
	ears before you filed for	or bankruptcy, d	lid you give any gifts or	contributions with a total	value of more than	6600 to any charity?
√ No						
Yes. Fill	in the details for each g	ift or contribution	n.			
Part 6: List	Certain Losses					
Tart o. List	CCI tall'i E033C3					
15. Within 1 y	ear before you filed fo	r bankruptcy or	since you filed for bankr	ruptcy, did you lose anytl	ning because of theft	, fire, other disaster, or
√ No						
☐ Yes. Fill	in the details.					
Part /: List	Certain Payments	or Transfers				
about seekin	g bankruptcy or prepai	ring a bankrupto	y petition?	ing on your behalf pay o		ty to anyone you consulted
□No						
√1Yes Fill	in the details.					
2 103.11	in the details.				.	
Cibik Lav	v. P.C.	Descripti	on and value of any prop	perty transferred	Date payment or transfer was made	Amount of payment
Person Who		Attorney	's Fee; Attorney's Co	sts		
1500 Wa	nut Street Suite 900)			02/17/2025	<u>\$1,500.00</u>
Number	Street				02/17/2025	\$575.00
Philadelp	ohia, PA 19102					
City	State ZIP Co	ode				
mail@cil	oiklaw.com					
Linali of web	site address					
Person Who	Made the Payment, if Not	You				
help you dea	rear before you filed for I with your creditors or e any payment or transf	to make payme	nts to your creditors?	ing on your behalf pay o	r transfer any proper	ty to anyone who promised to
√ No						
Yes. Fill	in the details.					
ordinary cou Include both	rse of your business of outright transfers and tra	r financial affairs ansfers made as	s? [*]	anting of a security interes		than property transferred in the r property).
√ No						
☐ Yes. Fill	in the details.					

	Case 25-	10932 Doc 1	Filed 03/07/25 Document	Entered 0 Page 50 of	3/07/25 13:51:16 54	6 Desc Main
Debtor 1	Shavon		Parker		Case number	(if known)
	First Name	Middle Name	Last Name			
		u filed for bankruptcy, d	id you transfer any pro	operty to a self-set	tled trust or similar devi	ce of which you are a beneficiary?
√ No	,	,				
Yes. Fi	ill in the details.					
Part 8: Lis	st Certain Finan	icial Accounts, Inst	ruments, Safe Depo	osit Boxes, and	Storage Units	
or transferre Include chec	ed? cking, savings, mor		incial accounts; certifica		-	r your benefit, closed, sold, moved,
√ No						
☐ Yes. Fi	ill in the details.					
21. Do you i valuables?	now have, or did y	ou have within 1 year b	efore you filed for ban	kruptcy, any safe o	leposit box or other dep	ository for securities, cash, or other
√ No						
☐ Yes. Fi	ill in the details.					
∑ No ☐Yes. Fi	ill in the details.	in a storage unit or pla d You Hold or Control		ne within 1 year be	fore you filed for bankru	ptcy?
23. Do you l	hold or control any	y property that someon	e else owns? Include a	any property you b	orrowed from, are storir	ng for, or hold in trust for someone.
✓No						
☐ Yes. Fi	ill in the details.					
Part 10: G	iive Details Abo	out Environmental Ir	nformation			
For the purp	pose of Part 10, the	e following definitions a	apply:			
substan	ices, wastes, or ma				on, contamination, releas nedium, including statute	es of hazardous or toxic es or regulations controlling the
	ans any location, fa		fined under any environ	mental law, wheth	er you now own, operate,	, or utilize it or used to own, operate,
■ Hazarde		s anything an environme	ental law defines as a ha	azardous waste, ha	azardous substance, toxid	c substance, hazardous material,
·		nd proceedings that yo	u know about, regardle	ess of when they o	occurred.	
24. Has any	governmental uni	t notified you that you	may be liable or potent	tially liable under o	or in violation of an envir	onmental law?
☑ No						
☐ Yes. Fi	ill in the details.					

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Debtor 1	Shavon		Parker		Case number (if I	known)
	First Name	Middle Name	Last Name			
25. Have you	ı notified any goverr	nmental unit of any r	elease of hazardous ma	iterial?		
√ No						
	in the details.					
<u> </u>	in the details.					
-	i been a party in any	judicial or administ	rative proceeding unde	any environmental	I law? Include settlement	s and orders.
☑ No						
Yes. Fill	in the details.					
Part 11: Gi	ve Details About	Your Business o	Connections to An	y Business		
27. Within 4	years before you file	ed for bankruptcy, di	d you own a business o	r have any of the fo	llowing connections to a	ny business?
☐ A s	sole proprietor or self	-employed in a trade	, profession, or other act	ivity, either full-time	or part-time	
√ A n	nember of a limited li	ability company (LLC	c) or limited liability partn	ership (LLP)		
ДАр	partner in a partnersh	nip				
		· nanaging executive o	f a corporation			
			ty securities of a corpora	-4:		
			ty securities of a corpora	ation		
_	ne of the above appli					
⊻ Yes. Ch	eck all that apply ab	ove and fill in the det	ails below for each busir	ess.		
Elite Infu	ısion IV Hydratioı	Describe	the nature of the busir	iess	Employer Identification	
Name	usion iv riyuration	Service	Service		Do not include Social S	Security number or ITIN.
		0011100			EIN: <u>8 4 - 2 7</u>	48829
	rket Street	Name of	accountant or bookkee	per	Dates business existed	
Number	Street	None			From 01/2020 T	Го
	phia, PA 19103					
City	State ZIF	Code	the meture of the business		Fundamentilia eti au	www.h.co
	d Healthcare	Describe	the nature of the busir	iess	Employer Identification Do not include Social S	number Security number or ITIN.
Name					EIN: 3 8 - 4 0	1 7 8 8 8
					EIN. <u>5</u> <u>6</u> – <u>4</u> <u>6</u>	<u>. 1 7 0 0 0</u>
4005 Ma	-l1 O(1	Name of	accountant or bookkee	ner	Dates business existed	
	rket Street Street	None	adduction of position	poi		
Dhiladal	-hi- DA 40402				From <u>01/2016</u> T	Го
City	phia, PA 19103 State ZIF	P Code				
28. Within 2 v	vears before vou file	ed for bankruptev. di	d vou give a financial st	atement to anvone	about your business? In	clude all financial institutions,
	other parties.		, , , g		,	
☑ No						
Yes. Fill	in the details below.					

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Debtor 1	Shavon		Parker		Case number (if known)		
	First Name	Middle Name	Last Name				

Part 12: Sign Below	
I have read the answers on this <i>Statement of Financial Affairs</i> and any attachments, and and correct. I understand that making a false statement, concealing property, or obtainin bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, o	g money or property by fraud in connection with a
/s/ Shavon Parker Signature of Shavon Parker, Debtor 1 Date 03/07/2025	
Did you attach additional pages to your <i>Statement of Financial Affairs for Individuals Filia</i> ✓ No ☐ Yes	ing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is not an attorney to help you fill out bankrupt ✓ No	tcy forms?
☐ Yes. Name of person	Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of Pennsylvania

In re	Pa	arker, Shavon						
		(Case No	_				
Debte	or		Chapter	13				
		DISCLOSURE OF COMPENSATION OF AT	TORNEY F	OR DEBTOR				
1.	comp	uant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am pensation paid to me within one year before the filing of the petition in bar be rendered on behalf of the debtor(s) in contemplation of or in connection	nkruptcy, or ag	reed to be paid to m	ne, for services rendered			
	For le	egal services, I have agreed to accept		<u> </u>	\$4,725.00			
	Prior	to the filing of this statement I have received		<u> </u>	\$1,500.00			
	Balar	nce Due		<u></u>	\$3,225.00			
2.	The s	source of the compensation paid to me was:						
	∑ □	Debtor						
3.	The s	source of compensation to be paid to me is:						
	∑ □	Debtor						
4.	☑ I law fi	have not agreed to share the above-disclosed compensation with any ot irm.	ther person un	lless they are memb	ers and associates of my			
		I have agreed to share the above-disclosed compensation with a other period. A copy of the agreement, together with a list of the names of the peo	-					
5.	In ret	turn for the above-disclosed fee, I have agreed to render legal service for	all aspects of	the bankruptcy case	e, including:			
		a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;						
	b.	Preparation and filing of any petition, schedules, statements of affairs an	ıd plan which r	may be required;				
	C.	Representation of the debtor at the meeting of creditors and confirmation	n hearing, and	any adjourned hear	ings thereof;			
6.	Ву ас	greement with the debtor(s), the above-disclosed fee does not include the	e following ser	vices:				

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Filing fee plus Costs & Expenses. Motion to Extend the Stay. Continued Meeting of Creditor Hearings, Addition of Creditor after Filing Petition, Motions to Avoid Liens, Motions for Relief from the Automatic Stay, Motions to Dismiss Case, Adverserial Proceedings & Discharge Litigation, Depositions, Asset Cramdowns, Objection to Proof of Claims, Certification of Stipulation Defaults, Motions for Plan Modifications, Motions for Reconsideration, Vacate Wage Orders, Praceipe for Discharge, Bankruptcy Chapter Conversions, Redemption of Property, Lexis & Pacer Research, Credit, Property, Judgements, & Liens Reports. The above legal services will be billed at a hourly rate of \$375 per hour per attorney

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/07/2025 /s/ Michael A. Cibik

Date Michael A. Cibik
Signature of Attorney

Bar Number: 23110 Cibik Law, P.C. 1500 Walnut Street Suite 900 Philadelphia, PA 19102 Phone: (215) 735-1060

Cibik Law, P.C.

Name of law firm